

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |                   | Docket Number<br>210121.49402USPC                               |         |                   |                                |  |  |       |      |         |   |       |       |         |  |        |       |        |  |        |       |         |  |        |        |         |
|---|-------------------|---|---------|-------------------|--------------------------------|--|--|-------|------|---------|---|-------|-------|---------|--|--------|-------|--------|--|--------|-------|---------|--|--------|--------|---------|
| <b>FY 2009</b><br><b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>  |                   |   |         |                   |                                |  |  |       |      |         |   |       |       |         |  |        |       |        |  |        |       |         |  |        |        |         |
| Application Number 10/501,841   |                   | Filed August 31, 2005   |         |                   |                                |  |  |       |      |         |   |       |       |         |  |        |       |        |  |        |       |         |  |        |        |         |
| For COMPOSITIONS AND METHODS FOR THE DETECTION, DIAGNOSIS AND THERAPY OF HEMATOLOGICAL MALIGNANCIES   |                   |   |         |                   |                                |  |  |       |      |         |   |       |       |         |  |        |       |        |  |        |       |         |  |        |        |         |
| Art Unit<br>1643  |                   | Examiner<br>Karen A. Canella                                    |         |                   |                                |  |  |       |      |         |   |       |       |         |  |        |       |        |  |        |       |         |  |        |        |         |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;"></th> <th style="text-align: center; width: 20%;"><b><u>Fee</u></b></th> <th style="text-align: center; width: 20%;"><b><u>Small Entity Fee</u></b></th> <th style="text-align: right; width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: right;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: right;">\$_____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: right;">\$1110</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: right;">\$_____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: right;">\$_____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge the above fees, or credit any overpayment, to Deposit Account Number <u>19-1090</u>.</p> |                   |   |         | <b><u>Fee</u></b> | <b><u>Small Entity Fee</u></b> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$_____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$_____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$1110 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$_____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$_____ |
|   | <b><u>Fee</u></b> | <b><u>Small Entity Fee</u></b>                                  |         |                   |                                |  |  |       |      |         |   |       |       |         |  |        |       |        |  |        |       |         |  |        |        |         |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130             | \$65  | \$_____ |                   |                                |  |  |       |      |         |   |       |       |         |  |        |       |        |  |        |       |         |  |        |        |         |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490             | \$245   | \$_____ |                   |                                |  |  |       |      |         |   |       |       |         |  |        |       |        |  |        |       |         |  |        |        |         |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110            | \$555   | \$1110  |                   |                                |  |  |       |      |         |   |       |       |         |  |        |       |        |  |        |       |         |  |        |        |         |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730            | \$865   | \$_____ |                   |                                |  |  |       |      |         |   |       |       |         |  |        |       |        |  |        |       |         |  |        |        |         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350            | \$1175  | \$_____ |                   |                                |  |  |       |      |         |   |       |       |         |  |        |       |        |  |        |       |         |  |        |        |         |
| <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>42,676</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34. _____.</p>   |                   |   |         |                   |                                |  |  |       |      |         |   |       |       |         |  |        |       |        |  |        |       |         |  |        |        |         |
| <hr/> /Jeffrey Hundley/<br>Signature<br>Jeffrey Hundley, Ph.D., Patent Agent<br>Typed or printed name   |                   | <hr/> June 10, 2009<br>Date<br>206-622-4900<br>Telephone Number |         |                   |                                |  |  |       |      |         |   |       |       |         |  |        |       |        |  |        |       |         |  |        |        |         |
| <small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.</small>   |                   |   |         |                   |                                |  |  |       |      |         |   |       |       |         |  |        |       |        |  |        |       |         |  |        |        |         |